

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18014

State File No.

Registrar's No. 56

Primary Registration District No. 5556

Registration District No. 142

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Hawell
(b) City or town Mountain View Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Henry Lettman
(b) If veteran, name war No (c) Social Security No. No

4. Sex Male 5. Color or race W
6. (a) Single, widowed, married, divorced Married

(b) Name of husband or wife Maud Lettman (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Aug 7th 1858
(Month) (Day) (Year)

8. AGE: Years 84 Months _____ Days _____ If less than one day hr. _____ min. _____

9. Birthplace U.S.A. (City, town, or county) (State or foreign country)

10. Usual occupation Mason

11. Industry or business

12. Name Christopher Lettman

13. Birthplace Germany (City, town, or county) (State or foreign country)

14. Maiden name Charlotte Bay

15. Birthplace Not known (City, town, or county) (State or foreign country)

16. (a) Informant Maud Lettman

(b) Address Mountain View Mo

17. (a) Burial (b) Date thereof 6-1-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mountain View Mo

18. (a) Signature of funeral director John F. Adams

(b) Address Mountain View Mo

19. (a) 6/4/43 (b) Ruth Hunt
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Hawell
(c) City or town Mountain View Mo
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29th
year 1943 hour 12 minute 45 P.M.

21. I hereby certify that I attended the deceased from Sept. 1942 to 5-29- 1943
that I last saw him alive on 5-20- 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy of heart with valvular lesions

Due to Senility

Due to _____

Other conditions (Include pregnancy within 5 months of death) 95C2

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Manner of injury _____

23. Signature C. E. Jewell (M. D. or other) _____

Address Mountain View Mo Date signed 6-4-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

John L. Shuman

Licensed Embalmer No. *2516*

P. O. Address, *St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 142

Primary Registration District No. 5-5-5-6

Registrar's No. 5-6

1. PLACE OF DEATH:

- (a) County Howell
(b) City or town Rural - Goldsberry
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution. (Specify whether

In this community
years, months or days)

3. (a) PRINT FULL NAME Berry Gattman

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced.

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. years

7. Birth date of deceased. aug 7 (Month) (Day) (Year)

8. AGE: Years 84 Months Days If less than one day min.

9. Birthplace (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name (State or foreign country)

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant (b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof. (Month) (Day) (Year)

(c) Place: burial or cremation.

18. (a) Signature of funeral director.

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State. (b) County.

- (c) City or town. (If outside city or town limits, write "RURAL")

- (d) Street No. (If rural, give location)

- (e) Citizen of foreign country? (Yes or No)

If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month day year hour minute M.

21. I hereby certify that I attended the deceased from 19; that I saw him/her alive on 19; and that death occurred on the date and hour stated above. Immediate cause of death.

Duration

- Due to.

- Due to.

- Other conditions. (Include pregnancy within 3 months of death)

- Major findings: Of operations.

Of autopsy.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify).

- (b) Date of occurrence.

- (c) Where did injury occur? (City or town) (County) (State)

- (b) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury.

23. Signature (M. D. or other)

- Address Date signed.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

SUPPLEMENTARY

S-18014